

OPEN TO ADULT & SENIORS • **ONGOING REGISTRATION**

MONDAYS

12:30PM - 1:30PM PERSHING FIELD COMMUNITY CENTER

201 CENTRAL AVENUE

OCEAN POINT TOWERS, 425 OCEAN AVENUE 2:00PM - 3:00PM

6:30PM - 7:30PM P. S. # 16, 96 SUSSEX STREET

TUESDAYS

11:00AM - 12:00PM **GRACE CHURCH, 2ND & ERIE STREETS** 2:00PM - 3:00PM JOSEPH CONNORS SENIOR CENTER

28 PATTERSON STREET

WEDNESDAYS

2:00PM - 3:00PM JONES HALL, 591 MONTGOMERY STREET

6:30PM - 7:30PM MARY MCLEOD BETHUNE CENTER

140 MARTIN LUTHER KING DRIVE

FRIDAYS

9:30AM - 10:30AM **GRACE CHURCH, 2ND & ERIE STREETS**

CAROL LESTER, INSTRUCTOR CARDIAC YOGA CERTIFIED WITH OVER 3000 TEACHING HOURS

PROPER ATTIRE REQUIRED (EX. EXERCISE CLOTHING AND SNEAKERS)









PRESENTED BY: MAYOR STEVEN M. FULOP, THE JERSEY CITY MUNICIPAL COUNCIL AND THE DEPARTMENT OF RECREATION





For more information, please call 201-547-5003 or visit jerseycitynj.gov.

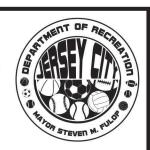






Name:

MAYOR STEVEN M. FULOP THE JERSEY CITY DEPT. OF HEALTH & HUMAN SERVICES AND THE DEPARTMENT OF RECREATION



ADULT YAGA CLASSES

PARTICIPATION FORM

Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

Address:	
City, State, Zip:	
Date of Birth: Email Address:	
Home Phone #:	Cell Phone #:
Permission to post pictures: Yes	No
Person to Notify in Case of Emergency:	Phone #:
As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Recreation Adult Yoga Program. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Department of Recreation. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.	
Signature:	Date: